

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584742

FILING DATE

17 FEB 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/					
6	/		/			
7	/	2	/			
8	/					
9	/		/			
10	/		/			
11	/		/			
12	/					
13		2	/			
14	/		/			
15	3		/			
16	/	2	/			
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50						
TOTAL IND.	13		15			
TOTAL DEP.	9	←	0	←		←
TOTAL CLAIMS	21		15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.				↓		
TOTAL CLAIMS				←		←